06-30-96

(to be us	RANSMITT FORM FORM  The deformal correspondence after all correspondenc	r initial filing)	Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Numb	10/682,331 October 8, 2003 David L. SHELTON 1647 J. Lockard 514712000400					
	EN	ICLOSURES	(Check all that app	oly)					
x duplicate of pages)  Fee  X Amendme  After  Affid  X Extension  Express A  Information  Certified C Document  Reply to M Incomplete	mittal Form + plus copy for fee processing (2 Attached Int/Reply (2 pages)  r Final avits/declaration(s)  of Time Request (1 page)  bandonment Request  in Disclosure Statement  sopy of Priority (s)  tissing Parts/ e Application  by to Missing Parts under  FR 1.52 or 1.53	Change of Co Terminal Disc Request for CD, Number	onvert to a pplication rney, Revocation rrespondence Address claimer	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  X Other Enclosure(s) (please Identify below):  Return Receipt Postcard					
Firm Name			ANT, ATTORNEY, OR	RAGENT					
Signature	MORRISON & FOERSTER LLP (Customer No. 25226)								
	5	<u> 2</u>		****					
Printed name	Jie Zhou			·					
Date	June 28, 2006		Reg. No.	52,395					

(Megha Aggarwal) Dated: June 28, 2006

						and Tradema	ved for use through rk Office; U.S. DEF	7/31/2006. PARTMENT (	OF COMMERC		
	aperwork Reducti	on Act of 1995	, no person are requir	ed to resp	ond to a collection				control number		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 10/682,331						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2006						<del></del>	October 8, 2003				
					,g 5 4.6		David L. SHELTON				
					rst Named Inve	-	L Lockard				
Applicant claims small entity status. See 37 CFR 1.27					rt Unit		1647				
TOTAL AMOUNT OF PAYMENT (\$) 120.00					tomey Docket I	No. 5	514712000400				
METHOD O	F PAYMENT	(check all t	that apply)								
Check	Credit Ca	rd N	Money Order	None	Other (I	olease identii	fy):				
x Deposit A	ccount Deposi	t Account Num	ber: 03-1952 Depo	sit Account	Name:	Morr	rison & Foerst	er LLP			
For the	above-identif	ied deposit	account, the Direc	tor is he	reby authorize	d to: (check	all that apply)				
×	Charge fee(s) i	ndicated be	low		Charge fee(s) indicated below, except for the filing fee						
	Charge any add	ditional fee(	s) or underpaymer	nt of	Credit	any overpa	vments				
f₀	ee(s) under 3	7 CFR 1.16	and 1.17								
FEE CALCU	LATION (AI	the fees	below are due	upon fi	ling or may	be subjec	t to a surcha	rge.)			
1. BASIC FILII	NG, SEARCH,	AND EXA	VINATION FEES								
		FILIN	G FEES	SEAR	CH FEES	EXAMIN	ATION FEES				
Application 1	Type •	Fee (\$)	Small Entity Fee (\$) Fe	e (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees f	Paid (\$)		
Utility	The	300		500	250	200	100				
Design		200		100	50	130	65				
Plant		200		300	150	160	80				
Reissue		300		500	250	600	300				
Provisional		200	100	0	0	0	0				
2. EXCESS CL	AIM EEES	200	100	V	V	U	Ū		Small Entity		
Fee Description								Fee (\$)	Fee (\$)		
Each claim over		g Reissues	)					50	25		
Each independent claim over 3 (including Reissues)							200	100			
Multiple deper								360	180		
Total Claims	Extra C	laims F	Fee (\$)	ee Paid	i (\$)	Mu	Itiple Depende	nt Claims			
8	- 20 = 0		50 =	0.00	<del></del>			Fee Paid (\$)			
HP = highest nur	mber of total claim	ns paid for, if g	reater than 20.			36	0	0.00_			
Indep. Claims	Extra C	laims I	Fee (\$) f	ee Paic	1 (\$)				_		
2	-3= 0		200 =	0.00							
HP = highest nur	mber of independe	ent claims paid	d for, if greater than 3.		_						
3. APPLICATION											
If the specific	ation and drav	vings excee	ed 100 sheets of pa	aper (ex	cluding electro	onically file	d sequence or	computer	_		
listings un	der 37 CFR 1.	.52(e)), the	application size fe	e due is	\$250 (\$125 fo	or small ent	tity) for each ac	iditional 5	0		
			J.S.C. 41(a)(1)(G)			4) 4b · · · · ·	Pac (A)	F	Doid (ft)		
Total Shee		ra Sheets			tional 50 or frac		<u> </u>	<u>ree</u> -	Paid (\$)		
	100 =		/50	(ro	und up to a who	ie number) x	·	·	Daid (*)		
4. OTHER FEE	` '	n (°120 f-	a (na small anti-	diese	+)			rees	Paid (\$)		
_	-		e (no small entity			ot month		4.	20.00		
	iate ming sur	cnarge): 1	251 Extension fo	respo	use within th	ระ ทางทนา		12	.0.00		
SUBMITTED BY				Re	gistration No.	52 205	Telephone	(650) 91	3.5022		
Signature	3				omey/Agent)	52,395	· · · · · ·	(650) 813-5922			
Name (Deater)	I lia 7ha						Date	luna 28	2006		